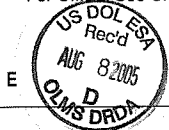


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4962</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Frederick W Pollazon</u> P.O. Box, Bldg., Room No., if any Street <u>230 Lincoln Avenue</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15202</u>	4. Name, file number, and address of labor organization. Name <u>United Union of Roofers local 37</u> Labor Organization File Number <u>034-812</u> P.O. Box, Building and Room Number, if any Street <u>230 Lincoln Avenue</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15202</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Building Trades Pension Fund of W.PA</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1200 Three Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222</u>	7.a. Nature of Interest, Transaction, or Income. <u>Board of Trustees Meeting Expense, Meal included, on 3/12/2004.</u> 7.b. Amount. <u>\$32</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/5/2005

Date

412-761-6310

Telephone Number

412-766-5360

Name of Person Filing Frederick Pollazon

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name multiple service providers for Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

Attended a scholarship golf event established for participants of the Building Trades Pension Fund. The Cost to attend the event is paid by service providers who sponsor the event and paid to a separate entity, The Building Trades Scholarship Fund.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$216

Name of Person Filing Frederick Pollazon	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Building Trades Pension Fund of W.PA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 Three Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Board of Trustees Meeting Expense, Meal included, on 9/24/2004. 7.b. Amount. <div align="right">\$32</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Building Trades Pension Fund of W.PA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 Three Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Board of Trustees Meeting Expense, Meal included, on 12/10/2004. 7.b. Amount. <div align="right">\$43</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Bricklayers, Masons and Roofers Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1200 Three Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Board of Trustees Meeting Expense, Meal included, on 1/22/2004. 7.b. Amount. <div align="right">\$113</div>

Name of Person Filing Frederick Pollazzon

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Bricklayers, Masons and Roofers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 Three Gateway Center

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15222

7.a. Nature of Interest, Transaction, or Income.

Board of Trustees Meeting Expense, Meal included, on 11/23/2004.

7.b. Amount.

\$134

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.